## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014206

**Entity Name:** NILCAP ENTERPRISES, L.L.C.

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2823 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804

Current Mailing Address: New Mailing Address:

430 N. MILLS AVE.
C/O LEFKOWITZ, BOOM, & SHAW
ORLANDO, FL 32803

430 N. MILLS AVE., SUITE 4
C/O LEFKOWITZ & SHAW, P.A.
ORLANDO, FL 32803

ORLANDO, FL 32803

FEI Number: 03-0459847 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 US

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
SUITE 4
ORLANDO, FL 32803 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 07/05/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 LEFKOWITZ, IVAN M
 Name:
 LEFKOWITZ, IVAN M

 Address:
 430 N. MILLS AVE.
 Address:
 430 N. MILLS AVE., SUITE 4

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:
 ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: IVAN M LEFKOWITZ MGR 07/05/2007